

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																																				
1 Date of Request: <u>5.17.05</u>		2 Serial/Patent # <u>19523326</u>																																																																		
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%;"><input checked="" type="checkbox"/> Filing</td><td style="width: 15%;"></td><td style="width: 15%;">2.1.05</td><td style="width: 20%;">\$ 100.00</td></tr> <tr><td><input type="checkbox"/> Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/> Other</td><td></td><td></td><td>\$</td></tr> </table>	<input checked="" type="checkbox"/> Filing		2.1.05	\$ 100.00	<input type="checkbox"/> Amendment			\$	<input type="checkbox"/> Extension of Time			\$	<input type="checkbox"/> Notice of Appeal/Appeal			\$	<input type="checkbox"/> Petition			\$	<input type="checkbox"/> Issue			\$	<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/> Maintenance			\$	<input type="checkbox"/> Assignment			\$	<input type="checkbox"/> Other			\$	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 20%; padding: 5px;">5 DATE FILED</td> <td style="width: 20%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td colspan="3" style="padding: 5px;">7 TOTAL AMOUNT OF REFUND</td> </tr> <tr> <td colspan="3" style="padding: 5px;">8 TO BE REFUNDED BY:</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Treasury Check</td> </tr> <tr> <td colspan="3" style="padding: 5px;">Credit Deposit A/C #:</td> </tr> <tr> <td colspan="3" style="padding: 5px;">9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table> </td> </tr> </table>			4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	7 TOTAL AMOUNT OF REFUND			8 TO BE REFUNDED BY:			Treasury Check			Credit Deposit A/C #:			9 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">0</td> <td style="width: 20px; text-align: center;">2</td> <td style="width: 20px; text-align: center;">--</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> <td style="width: 20px; text-align: center;">1</td> <td style="width: 20px; text-align: center;">8</td> </tr> </table>			0	2	--	1	8	1	8
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10 REASON: <input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):																																																																				
11 REFUND REQUESTED BY: <u>C Burt</u> TYPED/PRINTED NAME: <u>Charita Burt</u> TITLE: <u>Paralegal</u> SIGNATURE: <u>[Signature]</u> PHONE: <u>308.9140x207</u> OFFICE: <u>PCA</u>																																																																				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____																																																																				

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: